BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 200

Application or Docket Number

101.0042-05000

Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			25				RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		* 5		X\$:	9=		OR	X\$18=	90	
INDEPENDENT CLAIMS) minus 3 =		*	4	X42	?=		OR	X84=	,—	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT			7 🗖	.14	`			.000		
* If the difference in column 1 is less than zero, enter "0" in column 2							+14		ļ	OR	+280=		
								AL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9) =		OR	X\$18=		
	Independent	*	Minus	***		=	X42	=		OR	X84=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140)-			+280=		
							<u> </u>	TAL		OR	TOTAL		
ADDIT. FEE										OR	ADDIT. FEE		
	Angelia a la mangagaman di	(Column 1) CLAIMS		(Colui		(Column 3)				1 1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		=	X42	=		OR	X84=		
L	FIRST PRESE	NTATION OF MI	r CLAIM		+140)=		OR	+280=				
								TAL		OR	TOTAL		
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		=	X42				X84=		
$L^{\!$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	A04=		
+140= OR +280=													
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		mber Previously P ober Previously Pa							oropriate box				